

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082118

Entity Name: L. LYNN LAWRENCE, P.A.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

40 NW 1 ST  
#F  
WILLISTON, FL 32696

**New Principal Place of Business:**

2291 SE 116 AVE  
MORRISTON, FL 32668

**Current Mailing Address:**

40 NW 1 ST  
#F  
WILLISTON, FL 32696

**New Mailing Address:**

2291 SE 116 AVE  
MORRISTON, FL 32668

FEI Number: 65-0782592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAWRENCE, L. LYNN  
40 NW 1 ST.  
#F  
WILLISTON, FL 32696 US

**Name and Address of New Registered Agent:**

LAWRENCE, L. LYNN  
2291 SE 116 AVE  
MORRISTON, FL 32668 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: L. LYNN LAWRENCE

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPVS ( ) Delete  
Name: LAWRENCE, L. LYNN  
Address: 40 NW 1 ST., #F  
City-St-Zip: WILLISTON, FL 32696

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPVS (X) Change ( ) Addition  
Name: LAWRENCE, L. LYNN  
Address: 2291 SE 116 AVE  
City-St-Zip: MORRISTON, FL 32668

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L LYNN LAWRENCE

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date